

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on January 23, 2004 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ref. No.: 12221-049

P16D2-US

Kimberly Snow

# **FREE TRANSMITTAL** **for FY 2004**

Effective 10/01/2001. Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

**(\$ 110.00)**

## **Complete If Known**

Application Number	09/753,188
Filing Date	December 29, 2000
First Named Inventor	Khandros et al.
Examiner Name	C. Arbes
Art Unit	3729
Attorney Docket No.	276440-17

## **METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Account Number

Account Name

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit overpayments

☐ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## **FEE CALCULATION**

### **1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Prov. Filing fee	

**SUBTOTAL (1)** **(\$ zero)**

### **2. EXTRA CLAIM FEES**

Total Claims		-20** =		X		=	
Indp. Claims		-3** =		X		=	
Multiple Dependent						=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Ind. Claims in excess of 3
1203	290	2203	145	Mult. dependent Claim
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** **(\$ zero)**

\*\* or number previously paid, if greater; For Reissues, see above

## **FEE CALCULATION (continued)**

### **3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	Request for <i>ex parte</i> reexam	
1804	920*	1804	920*	Publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Publication of SIR after Examiner action	
1251	110	2251	55	Extension of one month	
1252	420	2252	210	Extension of two months	
1253	950	2253	475	Extension of three months	
1254	1,480	2254	740	Extension of four months	
1255	2,010	2255	1,005	Extension of five months	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing appeal brief	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition for public use hearing	
1452	110	2452	55	Pet. to revive - unavoidable	
1453	1,330	2453	665	Pet. to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to Commissioner	
1807	50	1807	50	Fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of IDS	
8021	40	8021	40	Record patent assignment	
1809	770	2809	385	Filing submission after final	
1810	770	2810	385	Each additional invention (37 CFR 1.129(a))	
1801	770	2801	385	RCE	
1802	900	1802	900	Request for expedited examination of design application	

Other fee (specify) Terminal Disclaimer (CFR 1.20(d))

**SUBTOTAL (3)** **(\$ 110.00)**

\* Reduced by Basic Filing Fee Paid

## **SUBMITTED BY**

Name (Print/Type) N. Kenneth Burraston

Signature

*N. Kenneth Burraston*

## **(Complete (if applicable))**

Reg. No.

39,923

Telephone

(801) 536-6763

Date

January 23, 2004